

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 825960

1. Entity Name
ONEBEACON AMERICA INSURANCE COMPANY



Principal Place of Business
**ATTN: TAX DEPT.
ONE BEACON ST
BOSTON, MA 02108**

Mailing Address
**ATTN: TAX DEPT.
ONE BEACON ST
BOSTON, MA 02108**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-2475442

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCCO CHOKEL, CHARLES B ONE BEACON ST. BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ARCHIMEDES, ALEX C ONE BEACON STREET BOSTON, MA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD COVOORES, JOHN P ONE BEACON STREET BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMITH, DENNIS R ONE BEACON STREET BOSTON, MA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP HOWARD, RICHARD P ONE BEACON STREET BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CARNASE, ANDREW C ONE BEACON STREET BOSTON, MA 02108

U00000254493
03/07/05-80077-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05 617-725-7430
Date Daytime Phone #